ANNUAL REPORT

for the year
ending March 31, 1986

Nova Scotia Commission on Drug Dependency

The Honourable Ronald S. Russell
Minister in Charge of the Administration
of the Drug Dependency Act
Province of Nova Scotia

I have the honour of presenting the annual report for the Nova Scotia Commission on Drug Dependency for the year ending March 31, 1986.

The Nova Scotia Commission on Drug Dependency has enjoyed another year of unparalleled growth in the treatment and prevention of drug dependency in the country. During this past fiscal year, the resources of the Commission were stretched to the maximum because of the various demands made of Commission personnel. Our involvement has broadened because of the implementation of the Young Offenders Act and the request that our staff become involved in aiding those young people whose addictions vary from alcohol to various other drug types. The staff of the Commission have given of their time and energy to aid young people in their personal rehabilitation, sometimes at the expense of their own well-being.

The Driving While Impaired (DWI) Program further stretched the resources of the Commission, but we are happy to report that our staff met the demands resulting from the implementation of this new legislation. The Commission staff spent many hours working with the federal government both in the development of the Driving While Impaired Program and on various educational programs implemented by the government.

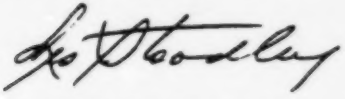
The Peer Education Program enjoyed another year of growth in Nova Scotia. This program, in which Commission staff train young people to help one another, has now grown to include 16 of the 22 school boards in Nova Scotia. It is evident that this type of program has proved to be the kind of prevention envisaged when it was developed by the Commission and the results have been more than positive.

The Commission Board wishes me to express our deep appreciation for the work of the former Minister of Health, The Honourable Gerald Sheehy, D.V.M. Dr. Sheehy's commitment to the treatment and prevention of drug dependency and to aiding Nova Scotians stricken by this malady was exceptional. Dr. Sheehy has accepted the Award of Distinction for exemplary work in the field of drug dependency, and it will be presented to him in November of 1986. The Commission Board also would like to express its appreciation for the way the new Minister of Health, The Honourable Ronald S. Russell, C.D., has taken interest in

the work of the Commission since his appointment to the portfolio. Mr. Russell met with the Commission Board during his first month in office, has since toured the various facilities the Commission has in the province and has a deep understanding of the work the Commission is attempting to do in Nova Scotia.

Obtaining adequate financial resources required to meet the ever-growing problem of drug dependency in this province remains a problem for the Commission. It is the belief of the Commission Board that the government should seriously consider allocating more funds, not only to help those who suffer, but to increase preventive education in our high schools to avoid the problems that this generation has encountered. We look forward to the continued support of the government and a continued growth in the staff of the Commission and its mandate to help those who are drug dependent in Nova Scotia.

Respectfully submitted,



Les Stoodley, Chairperson

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The Commission, Regional Boards, Staff, and Local Committees

Nova Scotia Commission on Drug Dependency

Les Stoodley Halifax	Chairperson
Jean Gray, M.D., F.R.C.T.(C) Halifax	Vice-Chairperson
Kenneth C. Smith, M.Sc. Truro	
Edwin G. Belzer, Ph.D. Halifax	
Fr. Vern Boutilier, A.C.S.W. Sydney	
Fr. John Graham, B.A. Reserve Mines	
Jack Phinney Middleton	
David Waterbury, Q.C. Kentville	
Neville Robinson, M.D. Dartmouth	
Sandra Noah Yarmouth	
James Magee Halifax	
Earle Reid, M.D. Halifax	
William Ross Taylor Halifax	

Nova Scotia Commission on Drug Dependency Staff

Marvin M. Burke, R.S.W.
Executive Director

Brian Wilbur, M.Ed.
Coordinator, Prevention and Community Education

Edward T. Fitzpatrick, B.A.
Coordinator, Employee Assistance Programs

Brigitte Neumann, M.A.
Coordinator, Documentation, Evaluation and Research

Gregory Johnstone, M.Sc.
Supervisor, Pharmacology Programs

Eleanor (Suzi) Cardoza, B.A.
Supervisor, Training Programs

Kevin MacPherson, M.A., B.S.Th.
Public Information Officer

Coordinator, School Services

Nancy Comeau, M.Ed.
Representative, School Services

Patricia MacNeil-Maxwell, B.A.
Librarian

Zane O'Brien, B.Comm.
Manager, Administrative Services

Cape Breton Regional Advisory Board Members

Fr. John Graham, B.A. — Chairperson
Reserve Mines

Albert Prossin, M.A., M.D., S.M., C.C.F.D. — Vice-Chairperson
Sydney

Fr. John Webb, M.S.W.
Sydney

Rev. Duncan E. Roach
New Waterford

Fr. Hugh D. MacDonald, B.A.
Arichat

Kenneth Murray, M.D.
Neil's Harbour

Napoleon Chaisson, B.A., B.Ed.
Cheticamp

Hugh MacDonald
Inverness

Mary MacIsaac, R.N.
North Sydney

Kathleen MacLeod
Baddeck

Rev. Melvin Findlay
Sydney

Sheldon Brown
Glace Bay

Lee M. Fuller
Orangedale

William Mullins
Sydney

Martin Brennan, M.D.
Glace Bay

Jack Hicks
St. Peters

Cape Breton Regional Staff

Wayne M. Yorke, M.A., C.A.G.S.
Regional Coordinator

Claire Nyiti, M.S.W.
Manager, Treatment Services

Stanley MacDougall, M.S.W.
Field Representative, Employee Assistance Programs

Field Representative, Prevention and Community Education

Ruth Harvey Morrison, B.Sc. (Hon.)
Research Assistant

Jack Coffey, C.I.M., B.B.A.
Office Manager

Primary Care Services

Nurse/Rehabilitation Counsellors
Dorothy Morrison, Head Nurse
Doris MacRae
Clara Hillier
Geralda Corbett
Beatrice MacRury
Leona Hickey
Kathleen MacNeil

Relief Nurse/Rehabilitation Counsellors
Frances MacIsaac
Helen MacNeil
Margaret Wiseman

Counsellors-Attendants
Brian Brewer
Stephen MacKinnon
Cyril Merner
Joseph Smith
Kevin Parsons
Arthur Jackson

Relief Counsellor-Attendants
Erwin Best
Kenneth Lothier
Philip Cogswell

Administrative and Office Staff

Clerical
Helen Lothier, Secretary
Michele MacDonald, Stenographer
Kay Boutilier, Stenographer
Isabel MacPherson, Stores Supervisor/Accounting Clerk
Debbie Odell, Clerk/Typist (Medical Records)
Victoria Radzikowski, Ward Clerk

Dietary
Dorothy MacNeil
Virginia Bellefontaine
Rita Bates

Eileen Lyle
Madeline Ponee
Myrtle MacGillivary

Housekeeping
Jean Matheson
Shirley Fraser
Velma Whiffen
Gerrine Wrathall

Maintenance
Owen Hedd
Robert Chase

Outpatient Centres (After Care)

Meliton MacNeil, M.S.W.
Clinical Therapist, Sydney

Garth Nathanson, M.Sc
Clinical Therapist, Sydney

Russell Aucoin
Community Health Worker, Glace Bay

Donald MacNeil
Community Health Worker, Port Hawkesbury

Garnet Marsh
Community Health Worker, North Sydney

Emily MacKenzie
Community Health Worker, Baddeck

Allister MacKinnon
Community Health Worker, Inverness

Bert Doucette
Community Health Worker, Ingonish

Residential Rehabilitation Program

Eileen MacNeil, M.S.W.
Clinical Therapist

Irene Pierrynowski, R.N.
Nurse/Counsellor-Attendant

Halfway House (Park House)

Gerry Carew
Manager

Earl Budden
Counsellor-Attendant

George Parsons
Counsellor-Attendant

Kevin MacNamara
Counsellor-Attendant

Extended Care (Talbot House)

Rev. Bernard MacDonald, B.A., B.D., M.A.
Director

Nancy Beaton, B.A.
Clinical Therapist

Jane Murphy, R.N.
Nurse/Rehabilitation Counsellor

David MacInnis
Counsellor-Attendant

Daniel Currie
Counsellor-Attendant

Kay Gouthro
Cook

North Shore Regional Advisory Board Members

Kenneth C. Smith, M.Sc. — Chairperson
Truro

David E. Mason — Vice-Chairperson
Truro

Stan Chisholm
Stellarton

Robert Cooper, M.D.
Pictou

James Wm. Gilbert
Springhill

Fr. Kyte Gillis, B.A., B.Ed., S.Th.B.
Pictou

Stillman S. Smith, B.Sc., B.Ed.
Antigonish

Gary Copeland
Springhill

Farida Blacklock
River John

Grant Forbes
Trenton

Katherine Theresa Williams, R.N.
Guysborough

Raymond Joseph MacKinnon, B.A., B.Ed.
Antigonish

North Shore Regional Staff

Donald J. MacDonald, M.A.
Regional Coordinator

Robert MacDonald, M.S.W.
Manager, Treatment Services

Suzanne Olson, B.Sc. (HE)
Field Representative

Gordon Thompson
Accountant/Office Manager

Elizabeth Wilsack, R.N.
Head Nurse

Primary Care Services

Nurse/Rehabilitation Counsellors
Alberta Dunbar
Helen McLeod
Joan MacDonald-Paquet
Jo-Lynn Murray

Counsellor-Attendants
Baxter Steeves
G. William Morrell
Sharon Woodworth
Anthony Law
Rod MacEachern

Administrative and Office Staff

Clerical
Marie Sweet
Secretary

Margaret Stacey
Stenographer

Gail MacDonald
Ward Clerk

Dietary
Denise MacDonald
Juliette Marks

Housekeeping
Isabelle Green
Mildred Bourgeois
Eva MacKaracher

Maintenance
Donald MacAulay
Roddy MacIsaac

Outpatient Centres

Purvis Cameron
Community Health Worker, Pictou

Frank Moeller
Clinical Therapist, Truro

George MacPherson
Community Health Worker, Truro

Stena Cook
Secretary, Truro

Nelda Armour
Clinical Therapist, Antigonish

Walter MacMillan
Community Health Worker, Antigonish

Delia MacChesney
Secretary, Antigonish

Donald S. Coombes
Clinical Therapist, Amherst

Edith Cole
Secretary, Amherst

Ann MacLean
Clinical Therapist, New Glasgow

Metropolitan/Lunenburg Regional Advisory Board Members

James J. Magee — Chairperson
Halifax

Neville Robinson, M.D. — Vice-Chairperson
Dartmouth

Sam Waye — Chairperson, Education Committee
Head of Jeddore

Hope Beanlands, R.N., B.N.
Halifax

Cyril Sampson
Halifax

Rev. Rod MacAulay
Halifax

Alf Nielsen
Head of Chezzetcook

Sarah Neish
Dartmouth

Heather Weld, B.Ed.
Halifax

Barbara Prime Walker
Halifax

Martin Cummings
Dartmouth

Orest Ulan, B.A.
Halifax

Metropolitan/Lunenburg Regional Staff

R. Joseph Power, M.S.W.
Regional Coordinator

Tom Payette
Casework Supervisor

David MacDonald, B.A.
Research Assistant

Annette Chipman, R.N.
Head Nurse

Lloyd Stone
Outpatient Department

Samuel Rendell
Field Representative

Chris Cassell
Accountant/Office Manager

Heather Farwell, R.N.
Treatment Orientation Program (5-Day)

Karl Hall, B.A., B.S.W.
Residential Rehabilitation Program (28-Day)

Primary Care Services

Nurse/Rehabilitation Counsellors
Kathy Philip
Catherine Twaddle
Bernice MacNeil
Jeanette Tobin
Theresa LeBlanc
Roberta Hayes
Colleen Phillips

Counsellor-Attendants
Donald Smith
Donald Gillis
Thomas Baker
Blair Gallant
Ronald Tobin
Lester Fillatre
Dorothy MacDonald
Heather Jamieson
George Munroe
Florence D'Eon
Stephen Pringle

Administrative and Office Staff

Clerical
Connie Cogan
Secretary

Joy Gerhardt
Receptionist/Typist

Margaret Warnell
O.T. Assistant

Joan Swinimer
Ward Clerk

Housekeeping
Myrtle MacPherson
Frances Baylis
Dorothy Langille
Ann Kane

Outpatient Centres

Sandy Anderson
Community Health Worker, Dartmouth

Bariff Williams
Assistant Head Nurse/Rehab. Counsellor, Dartmouth

Emilia Burchell, B.S.W.
Clinical Therapist, Halifax

Jeannette Dwyer, M.S.W.
Clinical Therapist, Halifax

Joseph MacLean
Community Health Worker, Halifax

Lynda MacKenzie
Secretary, Halifax

Carmel Jessome, R.N.
Assistant Head Nurse, Sackville

Beverley Wambolt, M.S.W.
Clinical Therapist, Bridgewater

Margaret Kaulback
Secretary, Bridgewater

Gerry Metlin
Community Health Worker, Musquodoboit

Walter Perkins
Community Health Worker, Sheet Harbour

Gordon Power
Clinical Therapist, Eastern Shore/Spryfield

Valley Health Services Association
Drug and Alcohol Addiction Services
Advisory Council Members

Harold Pearl — Chairperson
Kentville

Lloyd Murray
Centreville

Paul Fraser
New Minas

Rev. Harold Cox
Middleton

Edna Moran
New Minas

David Waterbury
Kentville

J.L. Rafferty, M.D.
Kentville

Jack Phinney
Middleton

Peter Mosher
Kentville

Jim Keith
Berwick

George Kenny, M.D.
Windsor

Lydia Sorflaten
Annapolis County

Bernard Campbell
Hants County

Allan Dewolfe
Berwick

John Thomson
Middleton

Valley Health Services Association
Crosbie Centre Staff

Gaston d'Entremont
Regional Coordinator

Gayle Wilson, R.N.
Unit Coordinator

David MacDonald
Crosbie House Counsellor

George Libby
Crosbie House Counsellor

Ann Lewis
Education Coordinator

Brian Hernon
Field Representative

Evelyn Deneau
Family Therapist

Iva Gale
Community Health Worker (Middleton)

Keith Mattinson
Community Health Worker (Windsor)

Robert Reid
Counsellor-Attendant (Detox)

Linus Constantine
Counsellor-Attendant (Detox)

Muriel Hammond
Counsellor-Attendant (Detox)

Richard Stevens
Counsellor-Attendant (Detox)

Reginald Brown
Counsellor-Attendant (Detox)

Ross King
Night Attendant
Crosbie House

Western Regional Advisory Board Members

F. James MacLeod, B.Sc. (Pharm.) — Chairperson
Yarmouth

Sandra Noah, R.N. — Vice-Chairperson
Salmon River

J. Gerard MacEachern, B. Comm.
Yarmouth

Roland Muise, M.D.
Yarmouth

Alexander E. McCabe
Shelburne

Rev. Leger Comeau, B.A., L.Th., L.Ph.
Church Point

Father Leo Maillet, B.A.
Wedgeport

Rev. George Bell, B.Th., C.D.
Smith's Cove

Georgina McLaughlin
Yarmouth

Victor LeBlanc
Clare

Tim Van Zoost
Lockeport

Tony Anderson
Port Medway

David Gardner
Liverpool

Delbert Sparkes
Liverpool

Western Regional Staff

David Cassidy, M.S.W.
Regional Coordinator

Daniel Meunier, B.A., S.T.M.
Field Representative

Suzanne Muise, B.S.W.
Clinical Therapist

Outpatient Centres

Rosemary Kuhn
Clinical Therapist, Liverpool

Carolyn Howard
Community Health Worker, Liverpool

Dawn Harrington
Secretary, Liverpool

Mario Villarroel
Clinical Therapist, Digby

Blanche Keats
Community Health Worker, Digby

Fred MacDonald
Community Health Worker, Shelburne

Local Committees

Local committees function as groups in association with regional boards and, thus, with the Commission, in delivering education and prevention programs at local levels.

These committees represent towns, villages and areas within regions. In effect, they are the very foundation on which the Commission's regional program development is based. Local committees identify community needs and advocate programs to meet those needs, using ongoing funding from regional boards for local education and prevention programs. Also, each has on hand literature and information for distribution within its area. Some 400-500 citizens are now members of local committees and give thousands of hours of volunteer time to the provincial program on drug dependency.

Local committees are found in the following locations:

CAPE BRETON REGION

Arichat
Baddeck
Cheticamp
Glace Bay
Inverness
Louisbourg
New Waterford
North of Smokey
North Sydney
Port Hawkesbury
Port Hood/Judique
St. Peters
Sydney
Sydney Mines

NORTH SHORE REGION

Amherst
Antigonish
Canso
Guysborough
Pictou
Sherbrooke
Springhill
Stewiacke/Shubenacadie
Truro
Westville

METROPOLITAN/LUNENBURG REGION

Bridgewater
Eastern Shore
East Hants

WESTERN REGION

Argyle
Barrington
Clare
Digby
Lockeport
Queens
Shelburne
Yarmouth

An Overview Of 1985-86

Message From the Executive Director

During fiscal year 1985-86, the Nova Scotia Commission on Drug Dependency expanded its community education services with specific focus on work in the schools. As a result, at the end of the fiscal year 16 out of 22 school boards were involved actively in the Peer Education Program, which is one of the major facets of the Community Education Outreach Program of the Prevention and Community Education Division.

The other two areas of the Program, parent education and crisis intervention, required more time to be developed. However, in those schools with active Peer Education services, crisis intervention continued to be a major part of the program. Planning for the program in future will include advance work in parent education, which will in turn include the development of a manual for parents and teachers and expansion of the program to the remaining school boards in the province.

Further, Commission community education personnel will expand teacher training to ensure that schools involved are able to maintain the Peer Education Program once direct Commission involvement has been minimized. Additionally, the Commission will make efforts to expand its Safe Graduation program so that it has meaning and applicability throughout the year. The program will be redirected from a "Safe Grad" focus to becoming a regular lesson plan as part of the peer education programming.

In treatment and rehabilitation services, Commission staff continued to see increases in populations, mostly among women and those under 19 years of age. No doubt the increase in young people is the result both of the Commission's outreach program through community education in the schools and better contact on the streets with young people already out of school.

Having realized that the services for young people in the province are minimal and noting the increases over the past two years in this group's request for services, Commission staff have been working on the development of a treatment and rehabilitation program to be offered to adolescents on a day basis, with the possibility of utilization on an inpatient basis as well. That program will be field tested as part of the young offenders services through Corrections Services and will then be piloted in one area of the province to test its effectiveness. There is no doubt that services for young people are required throughout the

province. The need, however, may vary from region to region, so a pilot approach is the most effective way of approaching the matter.

As women's services also need to be expanded where need has been proven, the Commission is reviewing its methodologies in terms of working with women and there are plans to consider offering more services through existing programs for women.

In the matter of chemical substance abuse in general in Nova Scotia, alcohol continues to be the number one drug of choice, with the illicit substances being led by cannabis and cannabis by-products. However, at the same time, cocaine, which three years ago was found almost nowhere in Nova Scotia, has now become the second drug of choice after cannabis by-products. In addition, various other substances are found from time to time, but in smaller amounts in different parts of the province. Some of the more exotic and deadly drugs, such as "Crack", i.e. rock cocaine, etc., have not made their way to Nova Scotia in great amounts, but Commission personnel continue to be on the alert for such substances. The Commission cooperates with the Royal Canadian Mounted Police on an ongoing basis in sharing knowledge regarding such substances that may appear for analysis.

Major achievements during the past year have been the Commission's work with the Medical Society of Nova Scotia and the work of that organization in developing a professionals support program service to offer assistance to professionals such as physicians, dentists and others who may require help because of chemical substance abuse problems. Continuing in the field of medicine, the Commission prepared a curriculum outline in the field of chemical substance abuse and presented this to the Medical School, along with recommendations regarding the development of such a program at Dalhousie Medical School.

Local committee work continued on a high level with many activities being staged throughout the province during Drug Awareness Week and beyond that time.

Working with those who have been referred because of charges laid under the Driving While Impaired legislation, the Commission continued to find that while referrals continue, few showed up for interviews. This is cause for concern as the Commission expects there may be a rush of people come for interviews just before their suspension periods end, expecting to receive both immediate interviews and their licenses returned.

During the past fiscal year the Commission reviewed its policy of outpatient service decentralization, and recommendations regarding the maintenance and expansion of such services, with specific focus on their location, will be made to the Minister. Additionally, the Commission came to realize that it requires at least two major centres of operation, one in the Halifax/Metro area and one in the Sydney industrial area. Recommendations will be made in the coming year for eventual changes in this direction. In general, all Commission facilities operated at maximum capacity, and Commission divisions such as Employee Assistance Programming, Research, Pharmacology, etc., provided maximum services throughout the year. Their individual reports may be found later in this report.

The Commission would like to extend its appreciation to the many members of the local committees and regional advisory boards who have provided leadership at their community level and who have worked side by side with Commission personnel to help the Commission achieve its objectives throughout Nova Scotia. Their work, while immeasurable, is of the utmost importance to the Commission as it attempts to deal with the public health problem of addiction. Appreciation also is extended to all Commission staff who very often give both hours of work and commitment far above the levels and limits of official requirements.

Employee Assistance Programs Division

This division responds to management and labour requests for assistance with drug dependency problems in the workplace.

Nova Scotia Teachers Union

A series of seminars for the Nova Scotia Teachers Union were conducted throughout the province, with sessions in Cape Breton, North Shore, Valley and Halifax/Dartmouth Metro regions. Attending these sessions were principals, inspectors and superintendents of schools.

Along with the coordinator of the Employee Assistance Programs Division, resource people in these half-day programs included the executive assistant of the Nova Scotia Teachers Union, a regional coordinator of the Commission and the field representative in Cape Breton. In the Valley, the coordinator of the Valley Health Services Alcoholism and Drug Dependency Program also assisted.

It is hoped that as a result of these seminars plus the ones to be held during the 1986-87 year, that a full-time Employee Assistance Program coordinator will be hired jointly by the Nova Scotia Teachers Union, the Department of Education and the Nova Scotia School Board Association. The need for such an individual was clearly indicated by the personnel attending the seminars. Such a person would play a vital role in ensuring that the teachers' Employee Assistance Program is better understood by principals and teachers and, more importantly, more fully utilized across the province.

Fishing Industry

Contact was established in December with Canso Sea Products, a division of National Sea Products. At a meeting held at the plant between management and the North Shore regional coordinator, the field representative from Cape Breton and the provincial coordinator of the Employee Assistance Program, the management of the plant, in association with the union representing Canso Sea, workers decided it would be desirable to establish an Employee Assistance Program at their worksite.

After meetings with the labour/management group at the plant, a policy was brought forward and approved. Canso Sea Products is one of the many plants in Nova Scotia owned and operated by National Sea

Products. As a result of the Employee Assistance Program now in place at Canso, it is anticipated that a similar program will be initiated in their plants in Louisbourg, North Sydney, Lunenburg and Lockeport. Once the program is functioning in the shore operations, then the trawlers operated by National Sea Products also will be approached to put such a program into effect.

Nova Scotia Medical Society

At its annual meeting in November, the Nova Scotia Medical Society approved a proposal to establish a Professional Support Program. Part of the proposal was to hire a part-time coordinator to head its Physicians Assistance Program. Also, coverage will be provided to members of the Nova Scotia Dental Association, which will cost-share this program.

During the past year, the Commission on Drug Dependency has been involved in assisting the Medical Society to reach the decision to establish this very important program for its members. A representative from the Commission Board will assist in overseeing the program.

Drug Abusers Treatment and Employment Service

As a result of meetings with Canada Employment and Immigration officials, a service was established that could assist narcotic addicts, who would be treated by the Nova Scotia Commission on Drug Dependency, to obtain meaningful employment. This service was set up as a result of meetings called by the executive director to deal with narcotic addicts involved in obtaining prescription narcotic drugs illegally.

At the initial meeting, the executive director pointed out that without the proper level of vocational training the narcotic addict would slip back into original habits. This training would enable him/her not only to keep busy but, more importantly, get work when the treatment was finished.

Representatives from the Department of Social Services and the Nova Scotia Correctional Services joined the original group. After many meetings a manual was developed and the Drug Abusers Treatment and Employment Services was initiated (DATES). To introduce this service to the key people such as clinical therapists, Department of Social Service officials and Employment and Immigration counsellors, an information workshop was held in June. The program was fully explained by the various officials instrumental in developing the program and the manual.

Originally the program was established to deal with the identified target group of narcotic addicts. As the service put in place is effective in dealing with this group, it is now being broadened to include the alcohol addict who would require assistance in vocational placement. The method of dealing with the alcohol addict would be exactly the same.

City of Halifax — Fire/Police Departments

The City of Halifax Employee Assistance Policy was revised with the assistance of the Employee Assistance Program coordinator from the Commission, and it is now functioning with the necessary committees required to make it effective. The police and fire departments and outside workers now all have advisory committees consisting of management and labour, who ensure that the Program is used by their employees. Seminars were conducted throughout the fiscal year for both management and labour by the occupational health nurse from the City of Halifax and the coordinator of the Employee Assistance Programs Division.

Drugs — Drinking and Driving Seminars

The provincial coordinator of the Employee Assistance Programs Division assisted the Maritime Telegraph and Telephone Company launch its corporate campaign on drugs and alcohol and how they affect driving and work performance. These action sessions supported the national issue on drinking and driving and addressed workplace hazards associated with the misuse of alcohol and other drugs. Safety officials from the Company were actively involved in these sessions.

The course objective was to provide supervisors who manage staff with a thorough understanding of the serious consequences and impact caused by drugs, drinking and driving. The supervisors attending these seminars were also made fully aware of current trends and procedures regarding their revised Employee Assistance Policy.

Maritime Telegraph and Telephone is the first company in the province to take a major step with its employees in the fight against drinking, drugs, and driving. Hopefully this type of prevention program will be undertaken by other major companies in the province in the months ahead.

Documentation, Evaulation and Research Division

The Research Division develops, analyzes and interprets data on prevention and treatment policies and programs.

In 1985, operations of the Service Delivery Information System were maintained with reduced frequency of output to control data processing expenditures. A Long Range Systems Plan was developed, with the major goal to enhance productivity and efficiency of staff in an ongoing climate of restraint. Electronic data processing applications will be developed for management of health records, for administrative functions, including accounting and personnel, and for the Library.

An evaluation of the response of peer drug education on Grade 7 students was completed in 1985. With the collaboration of a group of students from Dalhousie University, a follow-up survey of participants in the "Parents, Kids and Drugs" course is in progress. Various studies of client satisfaction indicated a very high level of satisfaction with the Commission's services in the treated population. In the Western Region, a prospective follow-up study of drug-dependent clients continues, with data collection for the six-month follow-up complete. While original plans for the study anticipated a two-year follow-up period, staff shortages may require earlier termination of the study.

Implementation of two surveys of drug use among students in grades 7-12 is underway, with data collection to occur in the first two weeks of April, 1986. The studies are conducted in collaboration with Dr. Wayne Mitic and Mr. Don McGuire of the School of Recreation, Physical and Health Education at Dalhousie University. Study reports will be available in the fall of 1986.

Prevention & Community Education Division

The Prevention and Community Education Division provides service to the community through five program areas. These include School Services, Training and Staff Development, Public Information Services, Library and Field Representative Services. Together these program areas provide a province-wide support base of community and professional consultative support. In 1985/86, approximately 30,000 Nova Scotians participated in and/or directly accessed prevention and community education services across the province.

1985 was a very special year for the Commission's volunteers in

drug dependency. For the first time the N.S.C.O.D.D. announced the presentation of special awards to volunteers who have made a significant contribution to prevention and treatment of drug dependency problems in the province.

1. The Award of Distinction was presented to three volunteers: St. Vincent de Paul Society (Hope Cottage), Gerald Sheehy, D.V.M., and Graham W. Dennis, O.C. This is the highest accolade that can be paid to a volunteer of the N.S.C.O.D.D. In very exceptional cases the N.S.C.O.D.D. presents an Award of Distinction to an individual for an outstanding and superior contribution to the field of drug dependency.

2. The Award of Merit was presented to 69 volunteers who had completed 10 years of unbroken quality service.

3. The N.S.C.O.D.D. identification pin was made available to friends of the Commission, particularly those individuals who help the N.S.C.O.D.D. carry out its work.

In addition to providing recognition to the volunteer sector, an inventory was compiled that listed over 700 volunteers attached to local committees, peer education and direct service programs.

The Prevention and Community Education Division continued to focus attention on the needs of young people. A presentation was made to the Special Senate Committee on Youth in which several recommendations affecting youth services were proposed. The Division continues to fulfill its commitment to provide service for youth, volunteers, helping professionals and the public at large.

School Services

School and Youth Services

The Community Outreach Project - Halifax West was completed. The project was well received and provided an excellent learning experience for the Commission and the school system. Also, the project provided the impetus for the parents program to be expanded into the community with greater community ownership. Parents from a group of churches were trained to deliver the program within their own communities.

The Community Outreach Project - Cole Harbour continues into

its third year. The Halifax County-Bedford District School Board has begun a process of transferring the concepts throughout its jurisdiction.

Peer Drug Education

Peer drug education continues to expand throughout the province. During this fiscal year there were peer education programs in 16 out of the 22 school boards. In addition, the programs are expanding to include more of the junior and senior high schools within the school boards. The Commission provides the training for all peer educators throughout the province, but the schools and their communities deliver the programs and have a sense of ownership.

In the Western Region the program was translated into French so the material would be suitable for francophone schools. In addition, work began in developing alternative lessons for delivery by the senior students.

Inservice Programs

The School Inservice Program continues to play an important part in the development of educational resources. A total of 141 teachers were attending inservice during the year. Of the teachers contacted three months following the inservice, 20% replied that they had conducted classroom sessions. Many of the teachers continue to use the information in one to one interactions with students.

Media Services

The flow of information to the general public during the past year reached its high water mark during Drug Awareness Week. The focal point of media services was the sharing of positive health and primary prevention messages. Radio, television and newspapers were the media used centrally and regionally to bring ideas to public attention.

Drug Awareness Week extended the theme "Kids Care" for a second year and used local initiatives in the five regions of Nova Scotia to enhance this positive message.

Two multi-page newspaper tabloids were co-produced by Commission staff and newspaper education staff. This represented a new venture in cooperation between a government agency and the private sector and proved so successful for both participants that it will be continued

this year. Media programs are developed centrally. Through a network of volunteers regional programs ensure that the message is heard at the local level.

A unified theme during planning preparation and execution of Drug Awareness Week channels the flow of information to the general public throughout the year.

Library Services

The Library is responsible for collecting and disseminating information materials in the form of pamphlets, monographs, posters, periodicals, reports and audio-visual aids. Library services are available to Commission staff as well as to the general public. Requests for information can be made in person, by telephone or by mail.

The Library has in its collection approximately 1,200 monographs, 800 reports, 90 periodicals, 150 audio-visual aids, vertical files, a newspaper clipping file and various reference materials.

Services include:

- Circulation of monographs
- Pamphlet and poster distribution
- Photocopying of non-circulating materials
- Interlibrary loans
- Literature searches
- Acquisitions lists distribution
- Audio-visual aids distribution
- Maintenance of vertical file system of alcohol and other drug information

The Library as an Information Resource Centre provides direct service to over 4,000 people per year. Over 100,000 pamphlets are distributed yearly and 8,339 requests for information were processed during 1985-86.

Training and Development

During the fiscal year 1985-86, staff, volunteers, and community caregivers participated in several skill development and information programs.

Addictions Core Knowledge

The annual four-day Core Knowledge Workshop for new staff was held in December. This year's group included a local committee member and two staff from the Yarmouth Regional Hospital Alcoholism Rehabilitation Program.

Addiction Counselling Workshop

This three-day workshop for staff covers counselling communication skills, assessment and treatment planning. The course was offered in Kentville, Pictou, Sydney and Halifax.

Clinical Therapists Seminar

A new approach to training clinical therapists was tried this year using resources within the group. Seminar topics included Co-dependency, Family Education Series, Drug Education Group for Parents of Adolescents Who Are Using Drugs/Alcohol, Family Systems Theory and Clinical Intervention in the Adolescent Phase of Family Growth.

So! They Asked You to Speak!

This two-day workshop on public speaking was developed to enhance staff ability to respond confidently to requests for speakers in the workplace, school and community. The course was offered twice in Halifax, and an abridged version was offered in Sydney.

Shelburne Youth Centre Training

At the request of the school's administration and the Department of Social Services, the Commission offered a three-part program for the staff of the school consisting of a Basic information on Drugs/Alcohol component for all staff, a teacher inservice on Drug Education for the teachers, and a Special Workshop on Working with Young People for all staff. The course was delivered over five days in Shelburne.

Serving Alcoholic Beverages: A Customer Relations Approach

This server intervention course has been delivered to approximately 150 bartenders, waiters and waitresses in Nova Scotia. Plans are underway to offer the course in conjunction with the Nova Scotia Restaurant and Food Services Association.

Orientation to Chemical Dependency

This four-day course is offered for health and social service professionals in conjunction with the Metro/Lunenburg Drug Dependency Program. To date, 90 people have participated. Future plans include delivering the course through the Cape Breton Addiction Rehabilitation Centre and through local committees.

University Student Services

Three training events were delivered to university students: Early Intervention, to the Residence Assistants, Mount Saint Vincent University; Planning Functions (reducing alcohol consumption at student functions) to the Residence Council, Dalhousie; Serving Alcoholic Beverages, to the Student Union bar staff, Dalhousie.

Treatment and Rehabilitation Division

This division provides policy guidelines and overall provincial supervision for a program of treatment and rehabilitation for drug-dependent persons. Treatment and rehabilitation programs at the Commission continued to receive increasing numbers of clients during the 1985-86 fiscal year. As noted previously, the greatest increases were among women and those under 19 years of age.

During the fiscal year the Commission began implementing urine testing programs in both the Metro Lunenburg and Cape Breton regions. The main objective of such a program is to clearly ascertain the type of substances ingested by patients when they present themselves for detoxification.

As well, such tests are used therapeutically to reinforce continued participation in the program as well as reviewing compliance with program goals by various patients. The Commission, along with other Commissions in Canada, is concerned that chronically relapsing patients tend to make treatment and rehabilitation programs such as detoxification, etc., a part of the pathological process, thus nullifying any positive impact that might have been perceived originally.

Major substances dealt with in treatment and rehabilitation programs included alcohol and one or more other drugs such as cannabis and cocaine; 50% + fell into this category. Alcohol, however, presents as the most prevalent substance encountered in treatment programs.

Another concern that treatment and rehabilitation personnel express is that while the programs per se offer amelioration, i.e., detoxification, residential rehabilitation, treatment orientation, etc., the very nature of the problem for many patients is reinforced by their lack of involvement in their own treatment. This would include full participation by the patient in therapy, involvement of the patient's family and, most important, involvement of the patient in a regime of work or vocational rehabilitation and/or training. To achieve a more balanced approach to rehabilitation, the Commission has involved Canada Employment and Immigration Centres in reviewing some of the more difficult cases in hopes of providing special training and assessment for such persons. The Commission is pleased that Canada Employment and Immigration very quickly agreed to work with the Commission in developing such a program and expresses its appreciation to that organization.

Pharmacology Services

The Commission pharmacologist is involved in a wide range of Commission activities. In particular, he serves as a technical and clinical resource person to the staff and other health professionals within the community. This requires keeping in touch with current developments in the pharmacology of addiction and its role in treatment and passing this information on to the staff and others who consult him from time to time. This base of information and clinical experience provides a foundation for a great deal of teaching staff, health professionals and lay people alike. As well, opportunities for teaching enforcement personnel arise from time to time.

The pharmacologist is also responsible for the drug testing service that the Commission provides to physicians. Physicians who encounter a patient using an illegal or unfamiliar drug can send the drug out for analysis. This service helps the physician to more accurately interpret the drug effects experienced by the patient. At the same time, this raw drug testing capability and the recent addition of the urine drug testing equipment greatly enhance the Commission's knowledge of what drugs are available locally and/or are being used by its patients.

The Commission pharmacologist works closely with Primary Care Treatment staff throughout the province regarding withdrawal management, the clinical status of the patients and decisions about the use of medications.

New Urine Drug Testing Equipment

In the fall of 1984 the Commission acquired new equipment to allow in-house urine drug analysis for its patients and clients. In 1985-86 the staff became acquainted with the operation and application of this equipment. Through supervision and ongoing training by the pharmacologist, the equipment now works effectively to answer many questions the staff have regarding which drug a patient may have in his/her body during the time of admission or during other phases of treatment.

The use of the new in-house system allowed the Commission to do selective and random testing when deemed appropriate by the staff. However, during the summer and fall of 1985 the Commission embarked on a research project to determine (a) how reliable this new drug testing equipment is and (b) whether any of our patients were using drugs while involved in treatment, but that were not detected due to random and minimal testing.

This research project was intended to test all patients in all in-patient programs of the Metro/Lunenburg Region for a fixed period of time. In this way the results would provide a picture of what drugs, if any, were being used by the whole patient community. The results of the comparison between our methods and those of the Victoria General Hospital laboratory confirmed that this in-house equipment is an effective and useful tool. Also, as a result of this research the Commission may pursue more comprehensive in-house drug testing over the next several years. An external laboratory carrying out the project will also enhance confidence in our procedures, instruments and the results they provide. The Commission may undertake similar "quality control projects" in the future.

In late 1985 approval was received to purchase similar equipment for the Cape Breton region and was first implemented in early 1986.

Treatment of Opiate-Dependent Patients

The Commission performed its first naloxone test for opiate-dependent patients in 1985. This clinical test was carried out at the Dartmouth General Hospital on three patients during the year and is intended to uncover the existence of physicial dependence on opiates. Naloxone does this within a few minutes after it is injected by blocking the effects of any other opiate acting in the patient at that time. The objective measure and grading of the withdrawal symptoms precipitated by

naloxone gives a numerical value that can then be converted to a dose of methadone, which would substitute for all the opiates being taken by the patient.

The mere presence of an opiate in a person's blood or urine does not prove physical dependence or addiction. Therefore, when deemed appropriate, these patients are tested with naloxone. If there is sufficient response, then methadone would be justified to maintain or wean a patient from the opiate.

The test went smoothly and worked very effectively, as predicted by Dr. John Peachey of the Addiction Research Foundation, who had trained our staff in the fall of 1984. When combined with the urine drug analysis, this tool will be very useful in accurately screening opiate-dependent patients and directing them into the most appropriate treatment.

It appears as though these opiate-dependent patients require more staff time and effort to accommodate their treatment needs than do patients dependent on more common drugs, such as alcohol. If the number of opiate-dependent patients coming to the Commission for treatment increases during the next few years, this will place a great strain on the treatment resources available to adequately service them without compromising the treatment we provide to patients dependent on other drugs.

The Street Drug Scene

The pattern of drugs available observed during 1985 essentially maintained much of the direction seen in 1984. That is, marijuana and hashish were the most common illicit drugs available and used. Cannabis hash oil is observed less frequently but has seasonal surges. LSD is still very common after Cannabis, and look-a-like stimulants that contain caffeine and other over-the-counter type decongestant stimulants are readily available, especially to younger persons. There has been a relative increase in the availability and use of cocaine. In fact, the cocaine pattern appears to be increasing in both availability and use compared to all the drugs we have monitored for some years. That cocaine is receiving a lot of press and media coverage probably enhances its appeal to potential drug users. As cocaine use would be new to many people, there is a large market of potential users who would at least try cocaine a few times before deciding whether to make it part of their drug use pattern. During 1985 Phencyclidine use (PCP, Angel Dust)

fortunately was relatively uncommon as it is a drug associated with a large number of medical and psychological problems in users.

The use of diverted prescription drugs, in particular potent opiate narcotics, appears to have declined somewhat compared to the year or two before. This is likely to be related to the excessive pressure placed on the physicians involved in the multi-prescribing of these drugs and the pressure by the Bureau of Dangerous Drugs and the RCMP on many of the recipients who are well known to them. Convictions of some of these users also helped. The duration of this relief is difficult to determine and may depend on the severity of any action taken by the Provincial Medical Board against these physicians. It appears as though the more effective way to deal with the double doctoring issue is to work cooperatively with all the various agencies involved (from enforcement to treatment, including the judicial system) to tighten up the system, thereby reducing the number of players in the process. It was the several meetings of all of the various organizations or agencies that brought this matter to a head during 1985.

Drug Education of Professionals

The demand for drug education by professionals within our community who come into contact with drug-dependent persons and their families is increasing. This is particularly evident in the health care field, where the Commission pharmacologist has noted a steady increase in the number of requests from various medical groups, medical school faculty and pharmacy, nursing and other professional students for pharmacological services. He participates in continuing education programs and individual consultations to physicians in the field. There appears to be a general awakening on the part of many of these professionals as to the seriousness of drug dependency and its impact on their particular field. This growing trend of awareness by the professional community and the public is expected to keep the demand very strong over the next number of years for both the technical and clinical information of the staff pharmacologist, as well as for information about illicit drugs and aspects of their use.

Cape Breton Regional Program

The year 1985-86 was one of maintenance and innovation throughout the Cape Breton region. All treatment programs were maintained at maximum capacity, with special attention to reviewing and updating standards of care.

Areas of innovation included restructuring our After Care Program of the Central O.P.D. services, which included a move to the Provincial Building, Sydney. The Residential Halfway House service was moved from Park House on the Esplanade to the Addiction Centre, while awaiting determination of an alternate facility.

Local committees and the Regional Board remained active throughout 1985, stressing the importance of community awareness and understanding of drug addiction and its rehabilitation.

A strong emphasis was placed on firming up the Driving While Impaired Program since it became legislation in July of 1984. Clients were assessed and linkages were well established with the Department of Motor Vehicles. Another worthwhile contribution was the participation of different staff on provincially appointed task forces, i.e. training, DWI, women, adolescents.

The completion of the final copy of the *Treatment Rehabilitation Manual* for the Nova Scotia Commission on Drug Dependency was for many staff a highlight of the year. *This document firms and describes numerous treatment issues and programs previously discussed and already in operation.*

Local Committees

Thirteen communities in Cape Breton maintained an active commitment to the Commission's mandate to provide local involvement in drug dependency issues through education programs and community awareness meetings.

All local committees invested considerable time and interest to ensure that the Drug Awareness Week campaign met with local recognition and success.

Pertinent statistics for the year are as follows:

Information programs delivered	236
Audience sizes	14,622
Pamphlets distributed	10,370
Media exposures	127
Audio-visuals utilized	89
Staff audience hours	924.5
Volunteer audience hours	1,422.5
Summer grant and other agencies audience hours	1,025.5

Employee Assistance Program

During the year the Employee Assistance Program section continued to maintain a close relationship with the working community of Cape Breton. There was an increased effort to develop and support Employee Assistance Programs with the various school systems and local hospitals.

Major awareness sessions were provided to other larger employers, such as Parks Canada, Sydney Steel, C.N. Rail and police departments. The Employee Assistance Program section was a major contributor to the Commercial Safety College's Forestry Workers Course.

During the year the Employee Assistance Program section made a presentation to the Workers' Compensation Boards of Canada.

Treatment and Rehabilitation

Primary Care - Detoxification

The bed capacity (4 beds for female patients and 16 for male) was maintained for the fiscal year.

Detox Staff effectively integrated the patients who came for detoxification into all aspects of the program — the withdrawal from alcohol and other drugs, the education component, and the treatment process. The non-compliant patient still poses some problems by not staying to complete the withdrawal and educational program in Detox. This is reflected in statistical data as those leaving against advice of staff.

The Detox - Primary Care Unit acknowledges the contribution of the different A.A. groups throughout the Island. Each group is responsible for sponsoring a one night per week meeting at the Centre. There is a large attendance of patients from all programs at these meetings.

Appreciation is expressed for the work of the Auxiliary at the Centre, which has supplied many necessary items for the comfort of our patients.

A highlight of the past year was a visit to the Centre by Premier and Mrs. Buchanan and Dr. Sheehy, Minister of Health, accompanied by Executive Director Marvin Burke and Chairman Les Stoodley.

After Care - Residential Rehabilitation Program

Content enhancement work was completed and implemented to meet clients' identified needs in each of the following areas:

- Marital and family violence
- Relapse symptoms
- Human relationships
- Socialization
- Family assessment

After Care - Outpatient Department

The Outpatient Department has made significant changes during the past year designed to improve and expand both our service delivery system and its internal functioning.

A major step in decentralizing the Department was made in October, 1985, with the transfer of the Department's clinical therapists' services from the Addiction Centre to the Provincial Building in Sydney. This improves our ability to network with other services, both governmental and private, and enhances our service delivery system.

All education programs in the Department were evaluated, restructured where appropriate, and complemented with additional staffing and content. Currently, the Department offers an Educational Treatment Program, Family Education Series and Parents' Education Group.

Further client quality assurance controls were established with the introduction of clinical case review meetings held monthly in three peer group meetings. This case review was strengthened with the introduction of a new system of clinical case recording and case notation.

Staff also were trained to process assessments under the new Driving While Impaired Legislation.

After Care - Halfway House

The theme of the program is "A Positive Step to Recovery". The learned behaviour of addiction cannot be unlearned in a short period of time. Some drug-dependent persons require help in learning new, constructive ways to deal with problems and make personal decisions. The purpose of the Halfway House is to prepare people to face these decisions and problems.

This is done by:

- Individual counselling
- Group therapy
- Stress management
- Life skills program
- Personal development course
- Self-help groups

This year a Halfway House alumni association of past and present residents was formed to participate as an informed group in the activities of the house and also to organize social and recreational events. The alumni have been very active; they meet monthly and have formed an executive and implemonted by-laws to govern themselves.

Documentation, Evaluation and Research

Quality control of client records and case recordings continued to be a priority. In addition to ongoing monitoring by the Clinical Records Review Committee, department heads began to take an active role in reviewing charts and related client documentation.

North Shore Regional Program

During the past fiscal year there was an increase in the percentage of patients seen for the first time in Primary Care. In addition, the Treatment Orientation Program was heavily utilized, placing some downward pressure on the number of overall admissions to Primary Care.

Prevention and community education activities were effective. We witnessed the most active Drug Awareness Week to date, plus the beginning of many school programs, e.g., peer education.

Staff Training was particularly emphasized, resulting in a high level of staff performance and excellent morale.

Staffing and Staff Development

A number of staff training programs were held throughout the year as shown in the following table:

Workshop or event	Place	No. of staff
Core Knowledge	Halifax	2
Relaxation Therapy	Pictou	13
Attitudes to Treatment	Pictou	13
Counselling Skills (basic)	Pictou	14
Counselling Skills II	Pictou	12
Clinical Therapists	Halifax	5
Criminal Justice System	Tatamagouche	4
Family Violence	New Glasgow	3
Reality Therapy	Halifax	2
Resistant Clients	Halifax	1
Management Skills X 2	Halifax	1
CPR Instructors Course	Halifax	1

In addition to the above, ALL Detoxification and After Care staff and most support staff received CPR certificates during the past year.

Outpatient staff attended three Regional meetings during the year, as did Primary Care staff. Support staff met once.

Treatment and Rehabilitation

Primary Care

Again during the past year there was greater utilization of the Treatment Orientation Program. This, in turn, means longer occupation in the Detoxification Unit, placing a downward pressure on admissions. However, first time admissions can ususally be quickly accommodated. The past year there was also an increase in the percentage of first admissions.

After Care

All outpatient centres were utilized steadily by their respective communities.

Recovery House

This institution continued to provide an essential program despite limited resources. The Recovery House Board and staff have mounted a vigorous funding drive, which they hope will improve each year.

Meanwhile, North Shore Staff gave an average of four days plus

one evening a month assisting in the delivery of treatment services at Recovery House.

Prevention and Community Education

Education System

During the past year there was a concerted attempt to offer assistance and Drug Awareness programs to schools in a developmental manner. All chief executive officers of the five North Shore counties received packages outlining the programs we can offer to the various levels of the educational system. They all verbally agreed to cooperate and indicated their support.

The following are some of the programs that were undertaken:

1. Teacher inservices were held in Cumberland and Guysborough counties.
2. A Peer Education Workshop for 34 peer educators was offered in Pictou County.
3. Two Safe Grad/Safe Summer Workshops were provided to representatives of 28 schools in the region.
4. The Parent Drug Education Program — Choosing About Using — was presented in Pictou.
5. Parent Awareness Night at Truro Junior High drew in excess of 200 people.
6. An International Year of Youth Seminar was given in Guysborough County high schools (we participated).

Community Involvement

North Shore Staff responded to an ever-widening variety of requests for drug information sessions. The following are a sampling:

1. Truro Boys and Girls Club - 2 sessions
2. Springhill Medium Security Institution
3. Career Exploration Course for Women - 2 sessions, Guysborough
4. Well Women's Clinic X 5
5. Various Service Clubs, e.g., Lions, Gyro, Rotary
6. Cumberland County Militia
7. Native Women's Work Project
8. Nova Scotia Librarians Association (see attached statistics - Prevention and Community Education)

Local committees in Springhill, Truro, Pictou and Antigonish were involved in various activities, particularly during Drug Awareness Week.

The Antigonish Local Committee is being reorganized and a new local committee is being formed in Guysborough.

Drug Awareness Week

The 1985 Drug Awareness Week reached more people in the North Shore area of Nova Scotia than ever before due to a wide variety of community-based activities. The media were extremely cooperative, particularly regarding Awards Night, and this resulted in a wide dissemination of material.

Emphasis on wider volunteer involvement resulted in the cooperation of more schools, as well as community organizations such as YM-YWCA, RCMP and university students.

In addition, local committees distributed Drug Awareness Week information packages, held "Caring and Sharing Nights" and arranged media advertising.

Metropolitan/Lunenburg Regional Program

During 1985-86 outpatient caseloads continued to increase to the point that appointments had to be made up to a week or two in advance. Program delivery, patient support and family involvement activities begun in 1984 were refined. Staff continued to develop their skills through workshops, inservice training and consultations, especially in the areas of family and adolescent treatment. The region's involvement with self-help groups grew as more and more people availed themselves of the many and varied services offered.

Local Committees

The Bridgewater and Musquodoboit local committees on drug dependency continued to offer a variety of prevention and education programs to their respective communities, with the focus on Drug Awareness Week. Two new local committees were formed during the past year: the Sheet Harbour Local Committee started in the spring and the Metro Local Committee had its beginnings in the fall. This is the first time a local committee has been established in the Halifax/Dartmouth area, and it is hoped that this will be the first of many in this

large metropolitan area. Both new committees are quite active in offering awareness programs to themselves and their respective communities.

Drug Awareness Week

For the second year, the Drug Awareness Week theme was "KIDS CARE". It was an extremely busy week in which local committees, the Metro/Lunenburg Regional Advisory Board, schools and staff conducted a variety of public information and other education programs throughout the region. One interesting feature to this year's Drug Awareness Week was a proclamation promoting the week signed by a number of mayors and wardens in the region.

Metro/Lunenburg Regional Advisory Board

The Board was very active during the year monitoring and reviewing program activities through its Treatment Standards and Education committees. Two workshops were sponsored for the Board, local committee members and staff. In addition, the Board offered some financial support to the Dartmouth Schools Drug Awareness Program.

Public Information Programs

As a result of the Commission's ever-increasing work with the various school boards in the province, the regional program has received a correspondingly greater number of requests for speakers on alcohol/drug use, teenage alcohol/drug use, drinking and driving and a variety of prevention programs. These very necessary programs put increasing pressure not only on prevention staff, but on treatment staff as well, to respond to as many requests as possible. In an effort to assist staff in this regard, the Commission held a two-day workshop for staff that would begin to help them plan and deliver public information programs more effectively.

Staff also continue to be involved in the Peer Education and the Safe Grad/Safe Summer programs.

Orientation to Chemical Dependency Workshop

This region, in cooperation with Central Office staff, offered a number of highly successful interdisciplinary workshops to a wide variety of professionals and students. The main purpose of the workshop is to assist

community caregivers to recognize and deal with the chemical-dependent person on their caseloads and with their families. The four-day course is designed to have a highly emotional impact, which will encourage participants to assess their own feelings and attitudes about drug dependency.

Treatment Program Activities

During the past year the Residential Rehabilitation Program (28 days) added some new features to the process of treatment. One extremely important feature is dealing with the client's family of origin in an effort to point out to clients that their past, in one way or another, is having a definite, negative influence on their present living problems. Thus, the family component and Al Anon's role have been expanded so that families can begin to look at co-dependency and its role in the addiction process.

Leisure counselling also was added in an effort to help clients find positive alternatives to their past use of addictive substances.

Primary Care (Detox)

In late 1984 a SYVA EMIT ST PHOTOMETER (drug screening equipment) was purchased and came into full use during 1985. This equipment allows for the rapid qualitative testing of urines for a variety of drugs and is utilized not only by inpatient and outpatient programs in this region, but by the Cape Breton and North Shore regions as well. The testing capability enables staff to carry out better assessments, treatment plans and treatment decisions. It also enables staff to make more appropriate follow-up and after care plans, especially for clients who are minimizing their drug intake. Therefore, staff see it as a great adjunct to treatment.

Outpatient Departments

The caseloads for outpatient staff in this region continued to increase at a faster rate than in other regions. Part of this increase was due to more young people and women coming forward for assessment and treatment, and part to the ever-increasing number of impaired drivers being interviewed following changes to the Motor Vehicle Act regarding second and subsequent offenders.

Valley Health Services Association Program

The Crosbie Centre Advisory Council wishes to report on the activities of its drug and alcohol addiction services during the past fiscal year. You will note that we have changed the name of this division from the Alcoholism Program to the Crosbie Centre. This was done in anticipation of the probable demolition of the present Crosbie House.

Detoxification Services

There were 298 admissions to this service during the year, of which 262 were male and 36, or 12.1 per cent, were female. There were only 16 direct referrals to the Crosbie House. Eleven patients were transferred from this unit to other hospital facilities – Blanchard Fraser Memorial, 1st Floor Miller or the Hiltz Unit in Waterville. Detox staff are grateful for the psychiatric services provided to our unit by Doctor Linda Watt from the Mental Health Division.

During the year we dealt with five individuals who were using cocaine. If our experience here is similar to that in the United States, this was the beginning of a new trend. The cost of this drug on the street is $150 a gram and most individuals involve themselves in criminal activity to obtain it. Ten grams per week would be considered moderate to high usage and would cost the user approximately $1500.

Even though our average daily census was 4.35, our five-bed unit seemed adequate most of the time.

Crosbie House 28-Day Program

There were 154 individuals admitted to the 28-Day Program, of which 116 were male and 38, or 24.6 per cent, were female. This was a significant increase from past years. Of those admissions, 54 (35.1%) were referrals from the Detox Unit.

Average daily attendance during the year was 11. A total of 33 individuals were treated as day patients, which means they went home for the night but followed the entire program. Since 1978 our waiting list has remained constant at approximately two months.

From Dr. Regan's study we learned that the easiest people to treat are those between 35 and 50 who are married and employed. The study also strongly indicates that patients who believe they have a serious

problem, accept the need for total abstinence, and are committed to self-help groups have a much higher rate of recovery. The staff are therefore attempting to place more emphasis on program content, which may help instill these attitudes in the patient population. They are also proposing a five-day treatment orientation program, a preadmission contract and urine screens to better assess candidates for the Crosbie House Program.

Out-Patient Services

There was a slight increase of 735 in out-patient visits, probably due to the Driving While Impaired program. During the year, the Department of Highway Safety referred 109 second or subsequent offenders. Of those, 40 (43.6%) showed up for their interviews. Treatment was recommended for 20 of them, while five two-hour education sessions were held for the other 20. The Advisory Council is concerned that many will wait until the last minute before presenting themselves for an assessment, therefore placing a lot of pressure on staff. Our concerns were made known to Maxine Cochrane, Minister of Transportation.

Regarding families, six two-day seminars were held during the year with 216 persons in attendance. Family night, held every Wednesday at Crosbie House, attracted 2,158 persons during the past year.

Education and Health Promotion

It has been a busy year for this service, especially within the school system. Peer Education programs were conducted in the three counties in our catchment area. The Discipline Committee of the Kings County School Board referred 40 students to the Crosbie Centre for a one-day educational seminar. The education coordinator has also been a member of the Crisis Intervention Committee set up by the same Board. Overall, she conducted 157 school programs this year, as opposed to 57 last year. In Annapolis County, 13 Lifeskills Programs were conducted in the high schools. The length of each program is four consecutive days.

The hospital's Employee Assistance Program, which is coordinated through the Education and Health Promotion Service, was utilized much more this year than in the past. Three mandatory referrals were made under this policy and eight more people came for help on their own. The EAP coordinator made 92 individual contacts during the year with staff members and their supervisors. The policy was revised during the year by the EAP Advisory Committee and approved by Mr. Mosher.

After Care Services

There are presently 285 community volunteers, known as contact persons. They can be subdivided into the following categories: 187 are recovering persons, 46 are non-addicted persons and 52 are professionals. Most professionals are members of the clergy. Slightly more than 50% of the recovering volunteers are ex-patients of our program. Recruiting new volunteers has not been a problem. The coordinator of this service holds quarterly meetings in the following nine areas of the Valley Region: Annapolis Royal, Bridgetown, Middleton, Kingston, Berwick, Kentville, Wolfville, Windsor and Gore. Attendance by active volunteers at these meetings averages 75 per cent.

Our experience in the After Care Program confirms the findings of Dr. Regan's report, indicating that those committed to sobriety are also committed to follow-up.

One priority of the Crosbie Centre in the coming year is the implementation of a Quality Assurance Program. So far, six meetings have been held within the Department and our *Quality Assurance Manual* has been completed.

In conclusion, the Advisory Council wishes to thank the Hospital Board and the Administration for their continued interest and support. We are also grateful to our 19 staff members for their dedication and the care they are providing to drug-dependent individuals and their families.

Western Regional Program

Treatment and Rehabilitation

During 1985-86, outpatient services in the four-county region were centred in Digby, Clare, Yarmouth, Shelburne and Liverpool. All centres were staffed with both a clinical therapist and community health worker with the exception of Shelburne, where only the community health worker was available full time. In this instance the clinical therapist from Liverpool travelled to Shelburne one day a week to provide some additional services.

In addition, the increase in follow-up services to other small centres was further expanded when the community health worker in Digby became available on a bi-weekly basis at the Meteghan Medical Centre

and the Shelburne community health worker became available one-half day per week at the Clark's Harbour Municipal Offices serving the Barrington area. Both these services have been positively received by both communities, reflecting the need to ensure that treatment services are accessible to our clients.

In Shelburne, one day per week is provided by the community health worker to the Shelburne Youth Centre to assist staff in their assessments and referrals of clients who have alcohol and drug-related problems. To further support this liaison, a training program for Youth Centre staff was provided in the late spring of 1985.

The Commission's Western Regional Program and the Addiction Treatment Unit at the Yarmouth Regional Hospital continued to liaise very closely with staff, providing in-depth assessments of hospital clients who participated in the five-day orientation program, and in providing continuing out-patient therapy following their discharge.

In August, 1985, Western's Treatment Outcome Study completed the first phase of its objectives when 125 clients who met our criteria agreed to participate in this project. One major change has been made to the study's design, which will conclude now with a one-year follow-up interview compared to the previous two-year target. It is felt that because of the low attrition rate the one-year study could still be expected to yield valuable results, and interviewing would be completed in August, 1986.

Prevention and Community Education

Western Region's prevention and community education effort focused again in 1985-86 on the presence and action of our eight local committees. Two major emphases characterized a collective effort to improve the committees' presence and effectiveness in their respective communities. First, a more realistic balance between long-term objectives (ongoing school programs) and short-term objectives (awareness programs) was put in place. Secondly, the Advisory Board established an Education Subcommittee to encourage dialogue between itself and local committees and to act as a resource and quasi think-tank on prevention issues.

Local committees were also involved in the Drug Awareness Week campaign. This year's strategy focused on one school in each community and provided resources and leadership. Drug Awareness Week

programs were held in all areas of the region, and the strategy and good media coverage assured widespread diffusion of our theme. A total of 9,600 pamphlets, 5,000 church bulletin inserts and more than 3,000 *Chronicle Herald* tabloids were distributed in our region. Western Region also held its first Presentation of Awards ceremony, at which 39 participants witnessed the Minister of Health presenting eight awards.

Three additional school districts (Queens, Yarmouth, Digby) joined the district of Shelburne and Clare/Argyle in implementing the Peer Education Program this year, so now all school districts in the region have offered this program. There were 85 peer educators trained during five weekends, and overall results have been extremely positive. We hope this program will continue next year.

Two six-session courses — "Kids and Drugs" and "Prevention Education for Parents" — were offered in Clare, and a third is scheduled for 1986. More than 30 parents participated. We hope to widen the availability of this course in the coming year.

We feel 1985-86 was a successful year in our region for prevention and community education, yet we realize that our efforts must improve to affect behaviour. We hope to focus on the training of volunteers and direct a greater emphasis on the target area.

Client Statistics

Statistical Highlights: 1985-86

In the fiscal year 1985-86, 6,037 individuals across the province received treatment and rehabilitation services from Drug Dependency facilities. This represents a 5.4% increase in caseload across the province.

An important increase was noted in the number of very young people, aged 18 years or under, seeking treatment. A total of 268 adolescents were treated in 1985-86 compared to 140 in 1984-85, a 91.4% increase.

Although 57% of the treated population was dependent on alcohol alone, 38% were cross-addicted to alcohol and other drugs and 5% were not alcoholic but dependent on other drugs. The women in treatment are somewhat more likely than men to have problems with drugs other than, or in addition to, alcohol: 66% of women had such difficulties compared to 41% of men.

Detoxification services across the province continue to be highly effective in providing safe withdrawal from alcohol and other drugs: medical emergencies requiring hospital back-up occurred in fewer than 2% of detoxification episodes.

Primary Care programs, which include detoxification, assessment and treatment orientation are successful in linking their clients to After Care programs as well. Of all Primary Care admissions, 42% result in completed links to After Care programs. As well, about one-third of all clients have attended self-help group meetings at the time of treatment entry. Such participation is continuously encouraged for all clients and, in fact, about one-quarter continue to attend as long as two to three years after cessation of formal treatment.

Table 1
Selected Client Characteristics, by Region
April 1, 1985 - March 31, 1986

Characteristics	Cape Breton %	North Shore %	Metropolitan/ Lunenburg %	Valley %	Western %
Age					
◄14	0.2	0.1	0.1	0.0	0.0
14-18	2.8	5.3	5.0	1.8	6.2
19-24	8.7	11.6	9.5	13.8	16.7
25-34	23.9	23.8	28.3	24.7	30.1
35-44	28.0	25.8	28.1	24.4	24.8
45-54	19.5	19.4	16.9	21.4	11.7
55-64	11.7	9.2	9.0	9.7	7.5
65 +	5.0	4.5	3.0	4.3	2.8
No age given	0.2	0.3	0.1	0.0	0.2
Sex					
Male	85.1	84.1	81.2	83.0	79.3
Female	14.9	15.9	18.8	17.0	20.7
Labour Force Participation					
Employed full-time	26.4	30.3	37.5	37.3	27.4
Employed part-time	6.1	5.2	4.6	4.9	8.5
Employed seasonally	4.8	4.6	2.6	6.4	20.5
Homemaker	3.5	4.4	3.7	4.4	5.1
Student	2.8	5.6	4.6	2.5	6.2
Disabled	9.6	5.5	4.5	6.4	4.3
Retired	7.8	5.4	4.1	5.2	3.6
Unemployed	32.5	38.2	35.6	32.9	24.1
Not recorded	6.5	0.9	3.0	0.0	0.4
TOTAL No. of Clients	1338	1444	2112	611	532

Table 2
Client's County of Residence, by Region Where Treated
April 1, 1985 - March 31, 1986

County of Residence	Cape Breton	North Shore	Metropolitan/ Lunenburg	Valley	Western
Annapolis	2	3	7	84	7
Antigonish	12	157	14	1	2
Cape Breton	984	27	28	5	3
Colchester	6	285	23	11	2
Cumberland	1	197	9	2	0
Digby	2	2	5	13	173
Guysborough	4	55	2	2	1
Halifax	9	65	1639	36	1
Hants	1	17	59	154	0
Inverness	141	65	2	1	2
Kings	3	2	10	259	2
Lunenburg	0	1	247	18	2
Pictou	5	523	20	2	0
Queens	0	3	14	2	105
Richmond	44	25	0	0	0
Shelburne	0	0	10	6	73
Victoria	117	1	1	0	0
Yarmouth	0	2	4	2	157
Out of province	4	11	13	12	2
Not recorded	3	3	5	1	0
TOTAL	1338	1444	2112	611	532

Table 3
Detox Utilization: Number of Individuals and Discharges, by Sex
Cape Breton

No. of Detox Discharges in 1985-86	Males				Females				Total			
	Individuals		Discharges		Individuals		Discharges		Individuals		Discharges	
	N	%	N	%	N	%	N	%	N	%	N	%
1	472	72.2	472	50.1	67	70.5	67	47.1	539	72.1	539	49.8
2	110	16.9	220	23.4	18	19.0	36	25.4	128	17.1	256	23.6
3	47	7.2	141	15.0	4	4.2	12	8.5	51	6.8	153	14.1
4 or more	24	3.7	108	11.5	6	6.3	27	19.0	30	4.0	135	12.5
TOTAL	653	100.0	941	100.0	95	100.0	142	100.0	748	100.0	1083	100.0

Table 4
Number of Clients Discharged from Inpatient Treatment Programs, by Sex
Cape Breton

Treatment Program	Males	Females	Total
Treatment Orientation Program			
Inpatient, with detox	360	53	413
Daypatient, with detox	10	1	11
Inpatient, no detox	7	2	9
Daypatient, no detox	99	7	106
Residential Rehabilitation Program	79	9	88
Park House	22	1	23
Talbot House	31	-	31

Note: Since clients may attend more than one program, the sum of columns is *not* equal to the total number of clients tabulated in all treatment programs.

Table 5
Number of Clients by Sex, and Total Contacts, Outpatient Services Cape Breton

Outpatient Service	Number of Clients			Total Contacts
	Males	Females	Total	
Central	332	79	411	1693
Port Hawkesbury	64	12	76	971
North of Smokey	38	5	43	652
Invernesss	54	9	63	937
Glace Bay	154	11	165	860
Northside/Victoria	95	18	113	1109
Sydney	92	30	122	717

Table 6
Detox Utilization: Number of Individuals and Discharges, by Sex
North Shore

No. of Detox Discharges in 1985-86	Males				Females				Total			
	Individuals		Discharges		Individuals		Discharges		Individuals		Discharges	
	N	%	N	%	N	%	N	%	N	%	N	%
1	392	75.6	392	56.1	64	72.7	64	50.0	456	75.2	456	55.1
2	93	18.0	186	26.6	14	15.9	28	21.9	107	17.7	214	25.9
3	20	3.9	60	8.6	7	8.0	21	16.4	27	4.5	81	9.8
4 or more	13	2.5	61	8.7	3	3.4	15	11.7	16	2.6	76	9.2
TOTAL	518	100.0	699	100.0	88	100.0	128	100.0	606	100.0	827	100.0

Table 7
Number of Clients Discharged from Inpatient Programs, by Sex
North Shore

Treatment Program	Males	Females	Total
Treatment Orientation Program			
Inpatient, with detox	221	44	265
Daypatient, with detox	1	-	1
Inpatient, no detox	81	9	90
Daypatient, no detox	37	6	43
Residential Rehabilitation Program (Recovery House)	146	20	166

Table 8
Number of Clients by Sex, and Total Contacts, Outpatient Services
North Shore

Outpatient Service	Number of Clients			Total Contacts
	Males	Females	Total	
Pictou/New Glasgow	382	83	465	5235
Amherst	154	29	183	2104
Antigonish	143	23	166	1846
Truro	259	54	313	2478

Table 9
Detox Utilization: Number of Individuals and Discharges, by Sex
Metropolitan/Lunenburg

No. of Detox Discharges in 1985-86	Males				Females				Total			
	Individuals		Discharges		Individuals		Discharges		Individuals		Discharges	
	N	%	N	%	N	%	N	%	N	%	N	%
1	555	75.1	555	52.7	94	76.5	94	58.0	649	75.2	649	53.3
2	104	14.1	208	19.8	24	19.5	48	29.6	128	14.9	256	21.1
3	45	6.1	135	12.8	3	2.4	9	5.6	48	5.6	144	11.9
4 or more	35	4.7	155	14.7	2	1.6	11	6.8	37	4.3	166	13.7
TOTAL	739	100.0	1053	100.0	123	100.0	162	100.0	862	100.0	1215	100.0

Table 10
Number of Clients Discharged from Inpatient Programs, by Sex
Metropolitan/Lunenburg

Treatment Program	Males	Females	Total
Treatment Orientation Program			
Inpatient, with detox	89	15	104
Daypatient, with detox	1	-	1
Inpatient, no detox	211	38	249
Daypatient, no detox	60	15	75
Residential Rehabilitation Program			
Inpatient	99	19	118
Daypatient	1	1	2

Table 11
Number of Clients by Sex, and Total Contacts, Outpatient Services
Metropolitan/Lunenburg

Outpatient Service	Number of Clients			Total Contacts
	Males	Females	Total	
Central	203	103	306	1097
Halifax	693	138	831	6697
Cobequid	146	22	168	775
Bridgewater	219	60	279	2014
Eastern Shore	121	56	177	3525

Table 12
Detox Utilization: Number of Individuals and Discharges, by Sex
Miller Hospital, Valley

No. of Detox Discharges in 1985-86	Males				Females				Total			
	Individuals		Discharges		Individuals		Discharges		Individuals		Discharges	
	N	%	N	%	N	%	N	%	N	%	N	%
1	201	88.1	201	76.2	26	86.7	26	74.3	227	88.0	227	75.9
2	21	9.2	42	15.9	3	10.0	6	17.1	24	9.3	48	16.1
3	4	1.8	12	4.5	1	3.3	3	8.6	5	1.9	15	5.0
4 or more	2	0.9	9	3.4	-	-	-	-	2	0.8	9	3.0
TOTAL	228	100.0	264	100.0	30	100.0	35	100.0	258	100.0	299	100.0

Table 13
Number of Clients by Sex, Crosbie House
Valley

Treatment Program	Males	Females	Total
Crosbie House	122	37	159

Table 14
Number of Clients by Sex, and Total Contacts, Outpatient Services
Valley

Outpatient Service	Number of Clients			Total Contacts
	Males	Females	Total	
Kentville	281	75	356	1890
Middleton	75	11	86	1991
Windsor	119	18	137	1302

Table 15
Detox Utilization: Number of Individuals and Discharges, by Sex
Western

No. of Detox Discharges in 1985-86	Males				Females				Total			
	Individuals		Discharges		Individuals		Discharges		Individuals		Discharges	
	N	%	N	%	N	%	N	%	N	%	N	%
1	125	90.6	125	82.2	21	91.2	21	80.8	146	90.7	146	82.0
2	12	8.7	24	15.8	1	4.4	2	7.7	13	8.1	26	14.6
3	1	0.7	3	2.0	1	4.4	3	11.5	2	1.2	6	3.4
4 or more	-	-	-	-	-	-	-	-	-	-	-	-
TOTAL	138	100.0	152	100.0	23	100.0	26	100.0	161	100.0	178	100.0

Table 16
Number of Clients Discharged from Treatment Orientation Programs, by Sex
Western

Treatment Program	Males	Females	Total
Treatment Orientation Program			
Inpatient, with detox	72	11	83
Daypatient, with detox	-	-	-
Inpatient, no detox	61	9	70
Daypatient, no detox	2	-	2

Table 17
Number of Clients by Sex, and Total Contacts, Outpatient Services
Western

Outpatient Service	Number of Clients			Total Contacts
	Males	Females	Total	
Yarmouth	132	25	157	874
Queens	75	44	119	1015
Digby	121	31	152	1944
Shelburne	42	9	51	334